

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CLW</i>		
O.I.P.E. CLASSIFIER	<i>W</i>	<i>95</i>	<i>4/2</i>
FORMALITY REVIEW		<i>933</i>	<i>10-12-01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

☒ Rejected  
☒ Allowed  
☒ (Through numeral)  
☒ Canceled  
☒ Restricted

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 Non-elected  
 BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
 staple additional sheet here

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